

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Title Line One::	APPARATUS AND METHODS FOR
Title Line Two::	FORMING AND SECURING
Title Line Three::	GASTROINTESTINAL TISSUE
Title Line Four::	FOLDS
Attorney Docket Number::	USGI-005 CIP
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity::	Yes
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Cang
Middle Name::	
Family Name::	Lam
Name Suffix::	
City of Residence::	Irvine
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	74 Stanford Ct.
City of Mailing Address::	Irvine
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	92612

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Rich
Middle Name::	
Family Name::	Ewers
Name Suffix::	
City of Residence::	Fullerton

State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	1437 W. Malvern
City of Mailing Address::	Fullerton
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	92833
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Alexander
Middle Name::	
Family Name::	Khairkhahan
Name Suffix::	
City of Residence::	Palo Alto
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	1105 Lincoln Avenue
City of Mailing Address::	Palo Alto
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	94301
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vahid
Middle Name::	C.
Family Name::	Saadat
Name Suffix::	
City of Residence::	Saratoga
State or Province of Residence::	California
Country of Residence::	US
Street of Mailing Address:	12679 Kane Drive
City of Mailing Address::	Saratoga
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95070

Correspondence Information

Correspondence Customer Number::	35023
Phone Number::	858.720.6320
Fax Number::	858.523.4326

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	34,408	Nicola A. Pisano
Associate	32,967	Mitchell P. Brook
Associate	42,651	David E. Heisey

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/500,627	September 5, 2003
This Application	Continuation-in-Part of	10/612,170	July 1, 2003
10/612,170	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002
This Application	Continuation-in-part of	10/639,162	August 11, 2003
10/639,162	An application claiming the benefit under 35 USC 119(e)	60/433,065	December 11, 2002

Assignment Information

Assignee Name::	USGI MEDICAL
Street of Mailing Address::	3511 Thomas Rd. Ste. 1
City of Mailing Address::	Santa Clara
State or Province of Mailing Address::	California
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	95054

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